

BIRTH HIGHLIGHTS

In 2004, the number of resident live births in Nebraska increased for the tenth straight year, to 26,324. This number is the highest annual live birth total recorded in Nebraska since 1982. It also translates into a crude birth rate of 15.1 live births per 1,000 population. However, these figures are still well below the records posted in Nebraska during the Baby Boom period. During the Baby Boom years of 1946-1964, Nebraska averaged over 32,000 live births per year, reaching a peak of 34,544 in 1961. The average annual crude birth rate in Nebraska during the Baby Boom was 23.7 (live births per 1,000 population).

Nebraska's increasing number of live births is largely the result of a surge in the number of live births within the state's Hispanic population. Comparison of 2004's live birth data with 1994 (the year when the current upward trend began) show that live births among Hispanic women increased from 1,378 to 3,447, a 150% increase, while live births among non-Hispanic women increased from 21,753 to 22,877, a 5% increase. This trend is most likely the result of the large increase in the size of Nebraska's Hispanic population which began during the 1990s.

Among Nebraska women giving birth to their first child, the average age has continued to rise modestly since the beginning of the 1990s, from 24.2 years in 1990 to 24.7 years in 2004, after much larger increases were recorded during the 1970s and 1980s. Among Nebraska women giving birth to their second and third children, the trends are similar though not identical: in both instances, the average age rose during the 1970s, 1980s, and early 1990s, but has remained stable since the mid-1990s. In fact, the average age of Nebraska women giving birth to their second child was 27.5 years in 2004, after increasing from 27.0 years in 1990 to 27.6 years in 1995. For Nebraska women bearing a third child, the average age rose from 28.8 years in 1990 to 29.5 years in 1995, but dropped slightly to 29.4 years in 2004.

Although Nebraska women today are having children later than earlier generations, the majority of all births still occur among women in their twenties. In 2004, women 20-29 accounted for 56.5% of all Nebraska live births, compared to 32.7% for women 30-39, 8.7% for teenaged women, and 2.0% for women 40 and older.

Nebraska's 2004 live births included 445 twins, 30 triplets, and 2 sets of quadruplets. Nebraska has experienced increasing numbers of multiple births in recent years. By comparison, Nebraska recorded 274 twins, 13 triplets, and 1 set of quadruplets among its live births in 1994, just a decade ago.

Nebraska's low birth weight rate (babies weighing less than 2500 grams, or about 5 ½ pounds, are considered low birth weight) for 2004 was 70.7 per 1,000 live births, an increase from the 2003 figure of 69.3. Nebraska's annual low birth weight rate has increased steadily since declining to an all-time low of 52.8 in 1990. Long-term trends show that low weight birth rates dropped substantially in Nebraska during the 1970s and, to a lesser extent, the 1980s.

The state rate for very low weight births (i.e. babies weighing less than 1500 grams, or about 3.3 pounds) in 2004 was 12.5 per 1,000 live births, a slight increase from the 2003 figure of 12.2. For many years, the state's very low birth weight rate showed no

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consistent trend in any direction, but between 1986 and 1996, it rose by about 50%, and has remained steady since then.

Prenatal care began during the first trimester of pregnancy for 82.7% of all 2004 Nebraska live births. This figure represents a slight decrease from the 2003 rate of 83.3%, but it has not changed greatly in recent years. In fact, 10 years ago, in 1994, the comparable figure was 83.1%; 20 years ago, in 1984, it was 79.6%. Women in the youngest age groups are the most likely to delay prenatal care until the second or third trimester or to receive no prenatal care at all. In fact, nearly one-third (31.4%) of Nebraska's 2004 teenaged mothers did not begin prenatal care until after the first trimester of pregnancy or did not receive any prenatal care, compared to 15.9% for mothers 20 years of age and older. However, as an indicator of the adequacy of prenatal care, the Kessner Index provides a better measure, by combining information from the birth certificate concerning the trimester during which prenatal care began, the number of prenatal care visits, and the length of gestation of the child. Using this statistic, 5.0% of Nebraska's 2004 live births occurred among women who did not receive adequate prenatal care. This rate represents a slight increase from the 2003 figure of 4.6%.

The number and rate of out-of-wedlock births in Nebraska increased in 2004, continuing a long-standing trend. A total of 7,954 live births were recorded in Nebraska among unmarried women in 2004, up from the 7,680 recorded in 2003. The 2004 figure represents 30.2% of the state's total number of resident live births, and this rate has doubled in less than 20 years. Both the 2004 number and rate are the highest ever recorded in Nebraska history.

Tobacco use is a well-known risk factor for a variety of adverse birth outcomes, including low birth weight, prematurity, and infant death. Since 1990, information on tobacco use during pregnancy has been collected for all Nebraska live births as part of the birth certificate. Since then, these data show a steady decline in the prevalence of tobacco use during pregnancy among Nebraska women. In 1990, 20.7% of Nebraska women who gave birth to a live-born infant had smoked during their pregnancy, but by 2004, this figure had fallen to 12.8%.

A total of 1,275 birth defects were diagnosed among 753 children born to Nebraska women in 2004. The latter figure translates into a rate of 28.4 cases per 1,000 resident live births and stillborns. Defects of the circulatory system were the most frequently diagnosed conditions in Nebraska in 2004, accounting for 311 (24.4%) of all defects reported. Musculoskeletal conditions were the second most frequently reported defects among Nebraska children in 2004, with 281 diagnoses, followed by genitourinary system defects, with 185 diagnoses. Nebraska's 2004 data also show that birth defects were reported almost three times more frequently among low birth weight (less than 2500 grams) babies than among those of normal weight. In addition, birth defects were more likely to be diagnosed among males and children born to women 40 years of age and older.